

IPDR6702		NORTH CAROLINA			PAGE: 1			
RUN DATE: 05/13/2004		IPRS CHECKWRITE SUMMARY REPORT						
		CHECKWRITE DATE: 05/11/2004						
		FINANCIAL PAYER: NCDH						
PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL E085	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404901	SMOKY MOUNTAIN H/DO/SAS	8505	269	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		0	0		0	269	270	1
3404902	BLUE RIDGE COMM UNITY	8505	305	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	93	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	398	473	75
3404904	WESTERN HIGHLAN DS LME	11	141	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	71	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	43	373	1422	1049
		167	67	NO CHANGE BILLED. ENTER BILLED AMOUNT AND SUBMIT DETAIL AS A NEW CLAIM				
3404905	TREND COMM MENT AL HLTH CTR	8505	2	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		0	0		0	2	2	0
3404907	RUTHERFORD-POLK	21	5315	DUPLICATE OF CLAIM-SYSTEM				
		8599	1158	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	328	7021	7560	539
		191	208	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404910	PATHWAYS	8505	2267	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		27	45	DIAGNOSIS CODE MISSING OR INVA LID. VERIFY AND ENTER THE CORRECT DIAGNOSIS CODE AND SUB	0	2437	3305	300
		8800	40	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404912	CATAWBA COUNTYM ENTAL HEALT	8505	368	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8931	223	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	329	892	2473	1581
		8599	160	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404913	MECKLENBURG COM ENTAL HEALT	11	801	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		120	704	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM	155	3241	9115	5874
		8599	519	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				

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3404916	CROSSROADS BEHA VIGORAL HEAL	8505	44	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	27	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	76	130	54
		8599	5	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404917	CENTERPOINT HUM AN SERVICES	8505	1227	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	312	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	142	1988	4819	2796
		8935	71	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404918	ROCKINGHAM CO M ENTAL HEALT	8505	569	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		11	87	CLIENT NOT ELIGIBLE ON SERVICE DATE	30	903	1808	905
		8800	70	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404919	GUILFORD CO MEN TAL HEALTHC	8505	3657	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	588	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	112	4632	5372	740
		8599	189	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404920	ALAMANCE CASWEL L AREA MH D	8505	2005	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	635	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	8	2870	5566	2696
		5404	99	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOB/MCD				
3404921	ORANGE PERSON C HATHAM AREA	8505	3351	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		5312	734	PRIOR AUTHORIZED DOLLARS EXCEE DED	47	5027	6611	1583
		8599	405	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404922	THE DURHAM CENT ER	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0

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3404923	VGFW AREA AUTHORITY	8505	2433	CLAIM DENIED DUE TO INSUFFICIENT BUDGET				
		8800	217	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	10	2968	4927	1959
		11	105	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404924	PIEDMONT AREA M H/DD/SAS	8326	11	ATTENDING PROVIDER NUMBER IS REQUIRED WHEN BILLED WITH GROUP NUMBER. ADD ATTENDING NUMBER A				
		0	0		0	11	11	0
3404925	SANDHILLS CENTER FOR MH/DD	8505	6467	CLAIM DENIED DUE TO INSUFFICIENT BUDGET				
		8800	609	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	44	7684	8853	1169
		8599	313	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404926	SOUTHEASTERN REGIONAL MENTAL HEALTH	8599	2988	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8505	2750	CLAIM DENIED DUE TO INSUFFICIENT BUDGET	3963	13916	17952	4036
		8935	1737	AMTNC INELIGIBLE TO RECEIVE SERVICES IN IPRS.				
3404927	CUMBERLAND COUNTY HEALTHCARE	8505	3496	CLAIM DENIED DUE TO INSUFFICIENT BUDGET				
		8800	540	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	4236	6109	1853
		8599	128	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404929	LEE HARNETT MH/DD/SAS	8505	1029	CLAIM DENIED DUE TO INSUFFICIENT BUDGET				
		8800	57	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	1	1141	2456	1315
		8599	38	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404930	JOHNSTON COUNTY MENTAL HEALTHCARE	8931	174	AMTNC INELIGIBLE TO RECEIVE SERVICES IN IPRS.				
		8505	92	CLAIM DENIED DUE TO INSUFFICIENT BUDGET	236	389	3093	2704
		8599	49	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				

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3404931	WAKE CO HUM SVC BILLING OF	8505	7088	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	221	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	7322	7324	2
		8502	13	CLAIM DENIED DUE TO INSUFFICIE NT ALLOTMENT				
3404932	RANDOLPH/SANDHI LLS CO MH C.	8505	232	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		24	159	PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION OR PROCEDURE CODE/TYPE OF SERVICE COMBINATI	0	424	429	0
		8800	29	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404933	SOUTHEASTERN CT R FOR MH/DD	8505	3051	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	211	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	46	3574	4530	956
		11	82	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404934	ONELOW COUNTY B ENAVIORAL H	8599	80	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8800	44	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	4	279	1740	1381
		11	41	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	WILSON-GREENE M ENTAL HEALT	8505	541	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	35	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	34	698	1831	1173
		8000	31	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL				
3404937	EDGEcombe NASH MNTL HLTH C	8505	866	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	698	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	18	1765	2722	957
		8599	100	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404938	RIVERSTONE MENT AL HEALTH C	8931	161	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
		24	20	PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION OR PROCEDURE CODE/TYPE OF SERVICE COMBINATI	189	269	2566	2297
		8935	16	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				

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3404939	NEUSE MENTAL HE ALTH CENTER	8505	250	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8526	223	CLAIM DENIED, UNITS BILLED MUS T BE GREATER THAN ZERO	5	1052	6181	5129
		8326	172	ATTENDING PROVIDER NUMBER IS R EQUIRED WHEN BILLED WITH GROUP NUMBER. ADD ATTENDING NUMBER A				
3404941	PITT CO MH/DD/S AS CENTER	120	124	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
		8599	108	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	29	435	1872	1437
		8505	55	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
3404942	ROANOKE CHOWANH UMAN SERVIC	8505	674	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	52	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	13	804	2129	1325
		8800	29	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404943	ALBEMARLE MENTA L HEALTH CE	8505	450	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	170	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	24	724	1305	581
		11	60	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404944	EASTPOINTE HUMA N SERVICES	8505	1112	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	121	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	116	1485	2857	1372
		8935	49	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404946	FOOTHILLS AREAM ENTAL HEALT	11	2209	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		21	272	DUPLICATE OF CLAIM-SYSTEM	8	2654	6262	3608
		191	54	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404957	TIDELAND MENTAL HEALTH CTR	8505	5262	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	115	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	110	5572	6103	523
		8599	62	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404959	DAVIDSON CO MEN TAL HLTH CT	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404979	NEW RIVER AREAM H/DD/SA PRO	8505	2200	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	483	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	2	2688	2724	36
		8931	2	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				